Federal Communications Commission Washington, D. C. 20554

Approved by OMB 3060-0029 Expires 1/31/97

FCC 302-TV APPLICATION FOR TELEVISION BROADCAST STATION LICENSE

FOR FCC USE ONLY					
FOR COMMISSION USE ONLY					

(Please read instructions before filling out form.)	FILE NO.						
SECTION I - APPLICANT FEE INFORMATION							
PAYOR NAME (Last, First, Middle Initial)							
MAILING ADDRESS (Line 1) (Maximum 35 characters)							
MAILING ADDRESS (Line 2) (Maximum 35 characters)							
CITY	STATE OR COUNTRY (if foreign address) ZIP CODE						
TELEPHONE NUMBER (include area code)	CALL LETTERS	OTHER FCC IDENTIFIER (If applicable)					
2. A. Is a fee submitted with this application? B. If No, indicate reason for fee exemption (see 47 C.F.R. Section Governmental Entity Noncommercial educational licensee Other (Please explain): C. If Yes, provide the following information: Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in the "Mass Media Services Fee Filing Guide." Column (B) lists the Fee Multiple applicable for this application. Enter fee amount due in Column (C). (A) (B) FEE TYPE CODE FEE DUE FOR FEE TYPE CODE IN COI LIMN (A) FOR FCC USE ONLY							
To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code.							
(A) (B) (B) (1)	(C)	FOR FCC USE ONLY					
ADD ALL AMOUNTS SHOWN IN COLUMN C, AND ENTER THE TOTAL HERE. THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED REMITTANCE.	TOTAL AMOUNT REMITTED WITH THI APPLICATION	S FOR FCC USE ONLY					

SECTION II - APPLICANT INFORMATION							
1. NAME OF APPLICANT							
MAILING ADDRESS							
CITY			STATE		ZIP CODE		
This application is for: Commercial Noncommercial							
Call letters	Community of License	Construct	ion Permit File No.	Modification of Construction Permit File No(s).	Expiration Date of Last Construction Permit		
3. Is the station no accordance with 47 C.F		to autoi	matic program	test authority in	Yes No Exhibit No.		
4. Have all the terms construction permit been	Yes No Exhibit No.						
If No, state exceptions in	n an Exhibit.						
5. Apart from the changes already reported, has any cause or circumstance arisen since the grant of the underlying construction permit which would result in any statement or representation contained in the construction permit application to be now incorrect? [Exhibit No.] [Exhibit No.]							
6. Has the permittee fil certification in accordan	Yes No Does not apply						
If No, explain in an Exhi	Exhibit No.						
7. Has an adverse finding been made or an adverse final action been taken by any court or administrative body with respect to the applicant or parties to the application in a civil or criminal proceeding, brought under the provisions of any law relating to the following: any felony; mass media related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination?							
If the answer is Yes, a involved, including an ic (by dates and file num information has been required by 47 U.S.C. S of that previous submist the call letters of the st was filed, and the date of	Exhibit No.						

The APPLICANT hereby waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application. (See Section 304 of the Communications Act of 1934, as amended.)

The APPLICANT acknowledges that all the statements made in this application and attached exhibits are considered material representations and that all the exhibits are a material part hereof and are incorporated herein as set out in full in the application.

CERTIFICATION	
1. By checking Yes, the applicant certifies, that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862, or, in the case of a non-individual applicant (e.g., corporation, partnership or other unincorporated association), no party to the application is subject to a denial of federal benefits that includes FCC benefits pursuant to that section. For the definition of a "party" for these purposes, see 47 C.F.R. Section 1.2002(b).	Yes No
2. I certify that the statements in this application are true, complete, and correct to the best of and are made in good faith.	my knowledge and belief,

Name Signature Telephone Number Title Date

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

FCC NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

The solicitation of personal information requested in this application is authorized by the Communications Act of 1934, as amended. The Commission will use the information provided in this form to determine whether grant of the application is in the public interest. In reaching that determination, or for law enforcement purposes, it may become necessary to refer personal information contained in this form to another government agency. In addition, all information provided in this form will be available for public inspection. If information requested on the form is not provided, the application may be returned without action having been taken upon it or its processing may be delayed while a request is made to provide the missing information. Your response is required to obtain the requested authorization.

Public reporting burden for this collection of information is estimated to average 20 hours and 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, can be sent to the Federal Communications Commission, Records Management Branch, Paperwork Reduction Project (3060-0029), Washington, D. C. 20554. Do NOT send completed forms to this address. FCC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974. P.L. 93-579, DECEMBER 31, 1974. 5 U.S.C. 552a(e)(3), AND THE PAPERWORK REDUCTION ACT OF 1995, P.L. 104-13, 44 U.S.C. 3507, OCTOBER 1, 1995.

SECTION III - T	V LICENSE AP	PLICATIO	N ENGINEER	RING DA	ΤΑ						
Name of Applicar	nt										
1. Facilities Auth		ction perm	it								
Call Sign	Channel No.	File No. of Construction Perm			t Frequency Band		Carrier Frequency				
							Visual Aural				
						MHz		MHz			MHz
	Maxim	ium Effectiv	e Radiated Po	-	al)		Antenna l	neight	above	e avera	age
in dBk:			in k\	W:		,	terrain				
2 Station leastin	n /pripaipal aam	munitu/									Meters
2. Station location	n (principal com	nunity)									
State				City or T	own						
3. Transmitter loc	cation										
				O:4: T	•	Street ad	dress				
State	County			City or T	own	(or other		tion)			
						,		•			
4. Main studio lo	cation										
State				City or T	own	Numbera	per and Street				
State	County			City of 1	OWII						
5. Operating con	stants - Visual tr	ansmitter (ı	peak)								
Transmitter power	er output (after ve			sed, and	and Multiplexer loss in dB, if Input			put to transmission line			
after multiplexer,	if combined)			separate		input to transmissioninio					
	dBk			kW	σοραιαίο	dB					dBk
Transmissionline		Antenna li	nput power	IX V V	Maximum antenna no	ım antenna power gain Maximum effective radio			radiate		
1141131111331011111110	, power 1033	/ litterina ii	ipat power		power				dBk		
	dB			dBk		dB					kW
Does the transmi		47 C F R S	Section 73 166			V.		П	Yes	П	No
2 000 1110 1101111										<u> —</u>	NO
If No, describe fu	lly in an Exhibit.							Ex	hibit N	lo.	
6. Antenna, Tran	ismission Line ar	nd Multiplex	(er`								
Antenna make and type No. Maximum pov			wer gain		Average (RMS) horizontal plan powe			er gain			
71			•	,							· ·
					dB						dB
Elevation of the top of antenna supporting structure above ground (including antenna and all other appurtenances and lighting, if any) Height of ante			tenna radiation center above Height of ante			antenna	antenna radiation center above			ove	
other appurtenances and lighting, if any) ground			ground				an sea level				
		Meters			Meters						Meters
Geographical Coordinates of antenna											
North Latitude	0	,		"	West Longitude	0		,			"
Is a directional antenna used? Yes											
			10						.,		
Is electrical or me	echanical beam t	iting emplo	yed?					Ш	Yes	Ш	No
If either a directi	nal antenna er e	ne emple	ing heam tilt	ie ueod o	and the radiation patts	arne diffar	from				
					and the radiation pattering an Exhibit	ciris dillel	110111	Ex	thibit N	0.	
anose on the with	those on file with the construction permit application, give full details in an Exhibit.										

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Transmission Line							
Make	Type No.		Coaxial or waveguide				
Wake	Type No.		Coaxiai of waveguide				
Size (nominal inside transverse	Length		Power loss for this length				
dimensions) centimete	are	Meters	dB				
Multiplexer	13	Meters	ub ub				
Make	Type No.		Loss (if not included in transmitter power output)				
			Visual Aural				
			dB dB				
7. Frequency measurements							
Measured visual carrier frequency (sp	pecify at least to nearest 10	00	Hz				
Measured aural carrier center freque	nov (angaify at least to nog	root 100 Hz)	Hz				
Measured aurai carrier ceriter freque	ncy (specify at least to flea	rest 100 HZ)	ПZ				
Give date measurements made and r	nethod used or frequency	measurement service e	employed.				
8. Performance Data							
Have equipment performance mea							
73.1590, demonstrating compliance							
system requirements, and are those request?	measurements available to	or submission to the Co	ommission upon				
request:							
If No, explain.							
9. In what respect if any does the app	aratus constructed differ fro	om that described in th	e application for construction permit or in the				
permit?	aratus constructed direct in	om that accombca in th	e application for struction permit of in the				
·							
L certify that I represent the applicant in	the canacity indicated he	low and that I have ev	amined the foregoing statement of technical				
information and that it is true to the best			animed the foregoing statement of technical				
Γ							
Name (Please print or type)		Signature (check app	propriate box below)				
Address (include ZIP Code)		Date					
Address (illolade ZIF Code)							
		Telephone No. (inclu	ide area code)				
П							
Technical Director		Registered Pro	fessional Engineer				
Chief Operator		Technical Cons	sultant				
— Oniei Operator		reclinical Colls	omant				
Other (specify)							
· ·							

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